

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-001491

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

336

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 50 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10004 Holly		d. STREET ADDRESS (If outside, give location) 10004 Holly	
3. NAME OF DECEASED (Type or print) LAURA CHANDLER		4. DATE OF DEATH Month JAN Day 17 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/1/1888
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (City and state or country) Benton County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leo O. Phegley		13b. MOTHER'S MAIDEN NAME Mary Dodd	
14. NAME OF HUSBAND OR WIFE Charels W. Chandler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No.	
16. SOCIAL SECURITY NO. 9705 Lee Blvd.		17. INFORMANT Dr. John J. Miller K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Inanition DUE TO (c) C. V. accident. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 20 min. 6-8 wks. 10 wks.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 1 1962 to Jan 17, 1963 and last saw her him alive on Jan 17, 1963 . Death occurred at 11:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. J. Lombardino D.O.		22b. ADDRESS 11525 S. 71 Highway	
22c. DATE SIGNED 1-19-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1/19/1963		23c. NAME OF CEMETERY OR CREMATORY Mount Moriah	
23d. LOCATION (City, town, or county) Kansas City		23e. STATE Missouri	
24. FUNERAL DIRECTOR Wagner Funeral Home, K. C., Mo.		25. DATE RECD. BY LOCAL REG. 1-19-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

C. J. Lombardino MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/591
23X38

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2**9331X**

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1290-2

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Case of *Handwritten* is *Handwritten*
11525 is 71 Highway
N1 2-7211 official
in office - Sat -
1130 to 4:00 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed *Alvin R. Hunschuld*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.